

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 14, 2003.

## I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP, rendered on 8/8/03.

## II. RATIONALE

Review of the requestor's position statement dated September 12, 2003 partially states, "...TWCC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.202, Subsection (e) (6), Subparagraph (C). This rule states to reimburse the examining doctor, other than the treating doctor **\$350.00 for MMI evaluations**. TWCC addresses Impairment Rating (IR) Evaluations with Rule 134.202, Subsection (e) (6), Subparagraph (D). This rule states if a full physical evaluation, with range of motion, is performed, **reimbursed for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00**. As well, under Rule 134.202, Subsection (e) (6), Subparagraph (B) (iii), if the examining doctor determines MMI has been reached an IR evaluation is performed; **both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed**.

Review of the respondent's position statement dated 1/21/04 partially states; "...A review of the Requestor's additional information reveals a dispute centered on a Designated Doctor appointment performed on August 8, 2003. The Respondent has reviewed the Requestor's rational, and has elected to forego its dispute in this matter. Specifically, Respondent agrees the Requestor is entitled to \$650 for the services made the basis of this dispute. Please Note, the \$650 includes the narrative report, as per Commission Rule 132.400 the report is part of the evaluation fee. ..."

Review of the carrier's EOB dated 8/20/03, revealed the requestor billed for CPT code 99456-WP in the amount of \$650.00, for date of service 8/8/03, the carrier reimbursed the requestor the amount of \$350.00 and denied the remaining amount of \$300.00 as "F-Fee Guidelines MAR Reduction." Review of the carrier's EOB dated 9/7/03 revealed the carrier paid an additional payment of \$150.00 and denied the remaining amount of \$150.00 as "F-Fee Guidelines MAR Reduction."

According to the TWCC Rule 134.202 (e)(6)(C)(iii) an examining doctor, other than the treating doctor, shall bill using the 'Work related or medical disability examination by other than the treating physician...' Reimbursement shall be \$350.00 for the MMI evaluation. According to the TWCC Rule 134.202 (e)(6)(D)(iii)(II)(-b)-(-1-), "If full physical evaluation, with range of motion, is performed: \$300 for the first musculoskeletal body area." Review of the requestors MMI/IR evaluation report dated 8/8/03, revealed the examining doctor performed the MMI evaluation (\$350.00), and the Upper Extremity with range of motion (\$300.00) for a total amount of \$650.00. The carrier reimbursed the requestor the amount of \$500.00; therefore, the requestor is entitled to an additional reimbursement in the amount of \$150.00.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-WP in the amount of **\$150.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17th day of May 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

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